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CONFIRMATION NO. 9714

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/646,545	08/21/2003 RULE	607	3762	P0011138.00/LG10126

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

11/14/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWINGS 10	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/ALYSSA MARGO ALTER/ Examiner's Signature	Initials				

ADDRESS

MEDTRONIC, INC.
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TITLE

MEDICAL LEAD CONNECTOR SYSTEMS WITH ADAPTERS

FILING FEE RECEIVED 960	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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